

Case Number:	CM14-0199315		
Date Assigned:	12/09/2014	Date of Injury:	02/25/2005
Decision Date:	02/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in General Surgeon and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58-year-old female with a date of injury of 02/25/2005, and the mechanism of injury was when she tripped, causing a microwave weighing approximately 30 pounds to fall on top of her. Her relevant diagnoses include hypertension, obesity, hyperlipidemia, diabetes mellitus, orthopedic complaints, psychiatric complaints, gastrointestinal complaints, and sleep disorder. Her past treatments included treatment by an orthopedist for injuries of cervical disc protrusion, a tear of her left shoulder rotator cuff, a sprain of her right shoulder, left wrist carpal tunnel syndrome, right wrist sprain, hypertension, lipidemia of the left breast, and a background of post-traumatic stress; treatment by an internist and cardiologist for hypertension and hyperlipidemia, and other physician for treatment of gastrointestinal complaints and sleep disturbance; a psychologist treatment for major depressive disorder, anxiety disorder due to general medical condition, insomnia, and a breathing sleep disorder; treatment from chiropractic for the cervical, left shoulder, and left wrist sprains; treatment from another gastroenterologist for abdominal complaints. Pertinent diagnostics include x-rays, and cardiovascular studies. On 09/09/2014, it was noted the injured worker complained of hypertension, gastrointestinal symptoms, and sleep disturbances. The injured worker reported her hypertension was improving with her average blood pressure of 180/83, and her average blood glucose of 118 mg/dl. She reports less chest pain and less anxiety episodes, and is reporting sleeping better; however, has a large weight gain. She indicates that prior to her injury, she weighed 140 pounds and now is approximately 180 pounds. Physical examination revealed blood pressure at 135/79, and Accu-Chek at 130 mg/dl. Per the documentation of the provider notes, the injured worker would begin treatment for diabetes when she had a HbA1C of 6.9 secondary to her obesity. Also, the hypertension is attributed to the obesity. Her current medications include hydrochlorothiazide, amlodipine, atenolol, simvastatin, aspirin,

hypertension, metformin D, omeprazole, paroxetine, enalapril, and Q-Pap. The injured worker should be considered for weight reduction and bariatric surgery to assist her to safely lose weight, which would improve the control of her hypertension, diabetes, and hyperlipidemia. The request was for decision 1, weight loss program; and 2, bariatric surgery; and the rationale is to improve control of her hypertension, diabetes, and hyperlipidemia. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Lifestyle (diet & exercise) modifications

Decision rationale: The patient is 5 feet tall, weighs 180 pounds, and has problems with hypertension and diabetes. The Official Disability Guidelines recommend a lifestyle modification of diet and exercise as a first line of intervention. Modified diet and an active lifestyle can have major benefits. The documentation does not indicate that the injured worker has tried and failed with personal diets and lifestyle modifications to warrant enrollment in a structured weight loss program. As such, the request for weight loss program is not medically necessary.

Bariatric surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Bariatric surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Bariatric surgery.

Decision rationale: The request for bariatric surgery is not medically necessary. The patient presented with hypertension and diabetes. The Official Disability Guidelines recommend a BMI of 35 or more, not achieving the recommended target of an A1c of less than 6.5% for a cumulative total of 12 months or longer, and documented in the medical record to include medications for therapy for diabetes type 2 glycemic control. The guidelines also recommend diet and exercise as physician supervised nutrition and exercise program. The documentation as submitted failed to provide any evidence of a weight loss program, or a physician supervised nutrition and exercise program. The guidelines also recommend a preoperative psychological

evaluation for those patients having depression. Therefore, the request for bariatric surgery is not medically necessary.